

# TEXAS STANDARD PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES

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## SECTION I — SUBMISSION

Issuer Name: Blue Cross Blue Shield	Phone: (555) 800-AUTH	Fax: (555) 800-FAX	Date: 12/08/2024
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## SECTION II — GENERAL INFORMATION

Review Type: <input checked="" type="checkbox"/> Non-Urgent <input type="checkbox"/> Urgent	Clinical Reason for Urgency:
Request Type: <input checked="" type="checkbox"/> Initial Request <input type="checkbox"/> Extension/Renewal/Amendment	Prev. Auth. #:

## SECTION III — PATIENT INFORMATION

Name: John Michael Doe	Phone: (555) 123-4567	DOB: 01/15/1980	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Subscriber Name (if different):	Member or Medicaid ID #: BCBS123456789	Group #: GRP001	

## SECTION IV — PROVIDER INFORMATION

Requesting Provider or Facility		Service Provider or Facility	
Name: Dr. Sarah Smith, MD		Name: Anytown Medical Center	
NPI #: 1234567890	Specialty: Neurology	NPI #:	Specialty:
Phone: (555) 987-6543	Fax: (555) 987-6544	Phone:	Fax:
Contact Name: Dr. Sarah Smith	Phone: (555) 987-6543	Primary Care Provider Name (see instructions):	
Requesting Provider's Signature and Date (if required): E-sign 12/08/2024		Phone:	Fax:

## SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD CODE)

Planned Service or Procedure	Code	Start Date	End Date	Diagnosis Description (ICD version_)	Code
MRI brain with contrast	70553	12/20/2024	12/20/2024	Headache	R51

☐ Inpatient ☒ Outpatient ☐ Provider Office ☐ Observation ☐ Home ☐ Day Surgery ☐ Other:

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Cardiac Rehab ☐ Mental Health/Substance Abuse  
 Number of Sessions: 1 Duration: Frequency: Other:

☐ Home Health (MD Signed Order Attached? ☐ Yes ☒ No) (Nursing Assessment Attached? ☐ Yes ☒ No)  
 Number of Visits: Duration: Frequency: Other:

☐ DME (MD Signed Order Attached? ☐ Yes ☐ No) (Medicaid Only: Title 19 Certification Attached? ☐ Yes ☐ No)  
 Equipment/Supplies (include any HCPCS Codes): Duration:

## SECTION VI — CLINICAL DOCUMENTATION (SEE INSTRUCTIONS PAGE, SECTION VI)

Patient presents with persistent headaches and dizziness for 3 weeks. Physical examination reveals no focal neurological deficits. History of controlled hypertension. MRI brain with contrast is medically necessary to rule out intracranial pathology (mass, vascular abnormalities, or stroke). Guidelines support MRI for persistent headaches with associated symptoms.

An issuer needing more information may call the requesting provider directly at: